much work to do, but this legislation adds additional layers of protection by giving consumers the tools and information to protect themselves.

Mr. Speaker, I want to applaud Representatives KINZINGER, ESHOO, VEASEY, HOULAHAN, and BILIRAKIS for their work on this important bipartisan bill that continues our work of protecting consumers. I urge my colleagues to support it, and I reserve the balance of my time.

Mr. LATTA. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 4055, the American Cybersecurity Literacy Act, which was introduced by Representatives KINZINGER and ESHOO.

The Cybersecurity Solarium Commission identified cyber hygiene as a key challenge affecting our readiness as a country. As many cybersecurity professionals will attest, there are common steps that Americans can take to prevent disruption to networks and the theft of personal information.

This legislation directs the National Telecommunications and Information Administration to establish a cybersecurity literacy campaign to educate Americans on cybersecurity risks and best practices to reduce those risks. By increasing awareness of the simple steps that can be taken every day, we can reduce cybersecurity incidents. I urge my colleagues to support this legislation.

Mr. Speaker, again, this is a very important piece of legislation. I have had about seven different cybersecurity events with the FBI in my district for my constituents. One of the things that they have always stressed is good hygiene, and over 80 percent is good hygiene, to prevent these cybersecurity attacks.

Mr. Speaker, I urge support of this legislation, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support again for the bipartisan bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4055, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

OPIOID PRESCRIPTION VERIFICATION ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2355) to facilitate responsible, informed dispensing of controlled substances and other prescribed medications, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2355

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Opioid Prescription Verification Act of 2021''.

SEC. 2. MATERIALS FOR TRAINING PHARMACISTS ON CERTAIN CIRCUMSTANCES UNDER WHICH A PHARMACIST MAY DECLINE TO FILL A PRESCRIPTION.

(a) UPDATES TO MATERIALS.—Section 3212(a) of the SUPPORT for Patients and Communities Act (21 U.S.C. 829 note) is amended by striking ''Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, Commissioner of Food and Drugs, Director of the Centers for Disease Control and Prevention, and Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate'' and inserting ''The Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, Commissioner of Food and Drugs, Director of the Centers for Disease Control and Prevention, and Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate not later than 1 year after the date of enactment of this Act, and update periodically thereafter''.

(b) MATERIALS INCLUDED.—Section 3212(b) of the SUPPORT for Patients and Communities Act (21 U.S.C. 829 note) is amended—

(1) by redesignating paragraphs (1) and (2) as paragraphs (2) and (3), respectively; and

(2) by inserting before paragraph (2), as so redesignated, the following new paragraph:

''(1) pharmacists on how to verify the identity of the patient;''.

(c) MATERIALS FOR TRAINING ON PATIENT VERIFICATION .—Section 3212 of the SUPPORT for Patients and Communities Act (21 U.S.C. 829 note) is amended by adding at the end the following new subsection:

''(d) MATERIALS FOR TRAINING ON VERIFICATION OF IDENTITY.—Not later than 1 year after the date of enactment of this subsection, the Secretary of Health and Human Services, after seeking stakeholder input in accordance with subsection (c), shall—

''(1) update the materials developed under subsection (a) to include information for pharmacists on how to verify the identity the patient; and

''(2) disseminate, as appropriate, the updated materials.''.

SEC. 3. INCENTIVIZING STATES TO FACILITATE RESPONSIBLE, INFORMED DISPENSING OF CONTROLLED SUBSTANCES.

(a) IN GENERAL.—Section 392A of the Public Health Service Act (42 U.S.C. 280b–1) is amended—

(1) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(2) by inserting after subsection (b) the following new subsection:

''(c) PREFERENCE.—In determining the amounts of grants awarded to States under subsections (a) and (b), the Director of the Centers for Disease Control and Prevention may give preference to States in accordance with such criteria as the Director may specify and may choose to give preference to States that—

''(1) maintain a prescription drug monitoring program;

''(2) require prescribers of controlled substances in schedule II, III, or IV to issue such prescriptions electronically, and make such requirement subject to exceptions in the cases listed in section 1860D–4(e)(7)(B) of the Social Security Act; and

''(3) require dispensers of such controlled substances to enter certain information about the purchase of such controlled substances into the respective State's prescription drug monitoring program, including—

''(A) the National Drug Code or, in the case of compounded medications, compound identifier;

''(B) the quantity dispensed;

''(C) the patient identifier; and

''(D) the date filled.''.

(b) DEFINITIONS.—Subsection (d) of section 392A of the Public Health Service Act (42 U.S.C. 280b–1), as redesignated by subsection (a)(1), is amended to read as follows:

''(d) DEFINITIONS.—In this section:

''(1) CONTROLLED SUBSTANCE.—The term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act.

''(2) DISPENSER.—The term 'dispenser' means a physician, pharmacist, or other person that dispenses a controlled substance to an ultimate user.

''(3) INDIAN TRIBE.—The term 'Indian tribe' has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2355.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, in April of this year, the Energy and Commerce Health Subcommittee held a hearing to discuss the dual threat of the concurrent COVID–19 pandemic and the opioid overdose crisis. In that hearing we considered a slate of bills targeted toward the opioid crisis including H.R. 2355, the Opioid Prescription Verification Act of 2021.

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We knew then, and we know now, that time was ticking. Millions of Americans were experiencing the deadly pandemic and simultaneously living through hard-hitting mental health and substance use issues. Tragically, we have lost over 750,000 Americans to COVID–19 and over 100,000 to drug overdoses during the pandemic.

H.R. 2355 seeks to reduce prescription opioid diversion by directing HHS, DEA, FDA, CDC, and SAMHSA to update and disseminate training materials to help pharmacists that dispense opioid medications verify the identity of the patient. To incentivize States to facilitate verification, the bill also authorizes the CDC to prioritize certain grant funding to States that maintain

prescription drug monitoring programs and require prescribers of controlled substances to issue prescriptions electronically.

Grant funding would also be prioritized for States that require pharmacists to enter certain information about controlled substance prescriptions into prescription drug monitoring programs, including the quantity dispensed, the date filed, and the patient identifier.

This bill received unanimous support in the Energy and Commerce Committee and is part of a series of bills the committee has worked on to help prevent diversion of opioids and reduce harmful opioid use.

I would like to thank the sponsors of this bill and my colleagues on the committee for their steadfast work in addressing the overdose crisis. We must continue to work in a bipartisan fashion to combat this crisis in order to keep our constituents safe.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 2355, the Opioid Prescription Verification Act, a bill led by Representative RODNEY DAVIS along with Representatives BILIRAKIS and WAGNER.

The opioid epidemic continues to devastate communities across the country. According to the CDC's National Center for Health Statistics, there were over 100,000 drug overdose deaths in the United States from April 2020 to April 2021. That is a 28.5 percent increase from the previous year.

The Opioid Prescription Verification Act directs Federal agencies to develop, disseminate, and periodically update training materials to help pharmacists identify and report potential cases of bad actors who attempt to buy and sell controlled substances for illicit use.

The bill also incentivizes States to utilize prescription drug monitoring programs and requires certain controlled substances to be prescribed electronically. Additionally, this bill includes data entry requirements that help reduce the potential diversion of prescription drugs.

This bill will help stop criminals who perpetuate the vicious cycle of addiction. It is a crucial step toward ending the opioid epidemic and making our communities safer. I urge my colleagues to support this legislation, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no additional Members who wish to speak, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), my good friend.

Mr. BILIRAKIS. Mr. Speaker, I appreciate very much and want to thank the ranking member and, of course, the chairman of the committee as well. I won't take all of the 3 minutes.

Mr. Speaker, I rise in strong support of H.R. 2355, the Opioid Prescription Verification Act. I want to thank my colleague and good friend RODNEY DAVIS for sponsoring this legislation, which I was proud to colead in the Energy and Commerce Committee.

This bill, as amended, will allow HHS to give grant preference to States that require their practitioners to transmit prescriptions electronically in accordance with a prescription drug monitoring program. I can add that the great State of Florida does this.

This bill expands on the work we did in the SUPPORT Act with Medicare's prescription drug programs to help prevent opioid abuse. We have a mental health and addiction problem in our Nation, Mr. Speaker, and I know the gentleman is aware of that. We must all stand together to enact meaningful changes to help combat this ongoing crisis. This bill does just that, Mr. Speaker, and I urge my colleagues to support it.

Mr. PALLONE. Mr. Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. RODNEY DAVIS).

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I thank the gentleman from Kentucky, the Speaker pro tempore from Kentucky, and also my good friend from New Jersey (Mr. PALLONE) for their work. I would like to thank Mr. PALLONE and Ranking Member MCMORRIS RODGERS for allowing this piece of legislation to come to the floor.

Mr. Speaker, I rise today in support of my bill, H.R. 2355, the Opioid Prescription Verification Act of 2021. As my good friend Mr. BILIRAKIS just said a few minutes ago, this bill builds on the successes in the SUPPORT for Patients and Communities Act that was signed into law by President Trump in 2018. Our bill adds to this success by incentivizing electronic prescribing of opioids.

This bill also encourages the full use of States' existing prescription drug monitoring programs to help facilitate informed and responsible dispensing of controlled substances.

My bill will ultimately help doctors and pharmacists track the prescriptions a patient has received and ensure they cannot be altered or copied and used multiple times in an illicit manner. This will help reduce prescription shopping and curb illegal sales that result in unprescribed use of opioids, which have tragically led to millions of overdose deaths.

This idea actually came from a meeting I had with local law enforcement in the Bloomington-Normal area in central Illinois. I have to thank Chief Bleichner and also Sergeant Kapchinske for coming up with the idea because they had to track down some illicit opioid pill shoppers in their communities. By the time they figured out this group was shopping for opioid pills, the criminals were able to secure over 300 pills that would have been sold on the black market and could have added to our death tolls.

The dramatic increase in overdoses during the COVID–19 pandemic has also shown that we must be doing more to prevent opioid abuse. The Opioid Prescription Verification Act is an important tool in our fight against the opioid epidemic.

The original concept of this bill was to encourage States to implement protocols for opioid prescriptions similar to the federally mandated ID check on Sudafed-type drugs that has been in Federal law since 2005 because they can simply be used to illegally manufacture deadly methamphetamines.

While I believe a Federal mandate for manual checks for opioids would stop a significant number of bad actors, expanded use of e-prescribing will be an important and effective tool to combat the abuse.

I thank, again, Chairman PALLONE, Ranking Member MCMORRIS RODGERS, and also Ranking Member GUTHRIE; my good friend Mr. BILIRAKIS; and also Congresswoman WAGNER for helping move this bill and finding this good, principled compromise today. I also encourage my colleagues to vote ''yes'' on this important bill.

Mr. GUTHRIE. Mr. Speaker, I yield myself the balance of my time as I am prepared to close.

Mr. Speaker, our beloved home State has areas that have been really affected by the opioid epidemic. We also know that our colleagues back home who serve in our general assembly have spent an enormous amount of time trying to get verification through prescription programs and other programs moving forward.

There is so much to do and so much we need to do through treatment and through other methods, but this is an important tool that will help our pharmacists realize when people are going around trying to get different prescriptions.

I strongly support this bill and thank my friends for working on this: Representatives DAVIS, BILIRAKIS, and WAGNER. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge all of my colleagues, again, to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2355, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. BOEBERT. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SYNTHETIC OPIOID DANGER AWARENESS ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2364) to amend title III of the Public Health Service Act to direct the Secretary, acting through the Director of the Centers for Disease Control and Prevention, to provide for a public education campaign to raise public awareness of synthetic opioids, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2364

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Synthetic Opioid Danger Awareness Act''.

SEC. 2. SYNTHETIC OPIOIDS PUBLIC AWARENESS CAMPAIGN.

Part B of title III of the Public Health Service Act is amended by inserting after section 317U (42 U.S.C. 247b–23) the following new section:

''SEC. 317V. SYNTHETIC OPIOIDS PUBLIC AWARENESS CAMPAIGN.

''(a) IN GENERAL.—Not later than one year after the date of the enactment of this section, the Secretary shall provide for the planning and implementation of a public education campaign to raise public awareness of synthetic opioids (including fentanyl and its analogues). Such campaign shall include the dissemination of information that—

''(1) promotes awareness about the potency and dangers of fentanyl and its analogues and other synthetic opioids;

''(2) explains services provided by the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention (and any entity providing such services under a contract entered into with such agencies) with respect to the misuse of opioids, particularly as such services relate to the provision of alternative, non-opioid pain management treatments; and

''(3) relates generally to opioid use and pain management.

''(b) USE OF MEDIA.—The campaign under subsection (a) may be implemented through the use of television, radio, internet, in-person public communications, and other commercial marketing venues and may be targeted to specific age groups.

''(c) CONSIDERATION OF REPORT FINDINGS.—In planning and implementing the public education campaign under subsection (a), the Secretary shall take into consideration the findings of the report required under section 7001 of the SUPPORT for Patients and Communities Act (Public Law 115–271).

''(d) CONSULTATION.—In coordinating the campaign under subsection (a), the Secretary shall consult with the Assistant Secretary for Mental Health and Substance Use to provide ongoing advice on the effectiveness of information disseminated through the campaign.

''(e) REQUIREMENT OF CAMPAIGN.—The campaign implemented under subsection (a) shall not be duplicative of any other Federal efforts relating to eliminating the misuse of opioids.

''(f) EVALUATION.—

''(1) IN GENERAL.—The Secretary shall ensure that the campaign implemented under subsection (a) is subject to an independent evaluation, beginning 2 years after the date of the enactment of this section, and every 2 years thereafter.

''(2) MEASURES AND BENCHMARKS.—For purposes of an evaluation conducted pursuant to paragraph (1), the Secretary shall—

''(A) establish baseline measures and benchmarks to quantitatively evaluate the impact of the campaign under this section; and

''(B) conduct qualitative assessments regarding the effectiveness of strategies employed under this section.

''(g) REPORT.—The Secretary shall, beginning 2 years after the date of the enactment of this section, and every 2 years thereafter, submit to Congress a report on the effectiveness of the campaign implemented under subsection (a) towards meeting the measures and benchmarks established under subsection (e)(2).

''(h) DISSEMINATION OF INFORMATION THROUGH PROVIDERS.—The Secretary shall develop and implement a plan for the dissemination of information related to synthetic opioids, to health care providers who participate in Federal programs, including programs administered by the Department of Health and Human Services, the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, the Medicare program under title XVIII of the Social Security Act, and the Medicaid program under title XIX of such Act.''.

SEC. 3. TRAINING GUIDE AND OUTREACH ON SYNTHETIC OPIOID EXPOSURE PREVENTION.

(a) TRAINING GUIDE.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall design, publish, and make publicly available on the internet website of the Department of Health and Human Services, a training guide and webinar for first responders and other individuals who also may be at high risk of exposure to synthetic opioids that details measures to prevent that exposure.

(b) OUTREACH.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall also conduct outreach about the availability of the training guide and webinar published under subsection (a) to—

(1) police and fire managements;

(2) sheriff deputies in city and county jails;

(3) ambulance transport and hospital emergency room personnel;

(4) clinicians; and

(5) other high-risk occupations, as identified by the Assistant Secretary for Mental Health and Substance Use.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include any extraneous material on H.R. 2364.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, we have hit a tragic milestone in our battle against the opioid overdose crisis. From April 2020 to April 2021, the Centers for Disease Control and Prevention estimated that over 100,000 people died due to drug overdoses, no doubt exacerbated by the COVID–19 pandemic.

Synthetic opioids like fentanyl and fentanyl analogs significantly contributed to overdose deaths. In 2019, the CDC estimated that more than half of overdose deaths involved synthetic opioids and drugs mixed with synthetic opioids, such as methamphetamine and cocaine mixed with fentanyl.

The Energy and Commerce Committee has worked throughout the pandemic to address this crisis. The American Rescue Plan, passed and signed into law earlier this year, included the largest-ever funding boost of over $3 billion for mental health and substance abuse block grants to the Substance Abuse and Mental Health Services Administration, or SAMHSA. That $3 billion in funding has gone to critical services for addiction treatment, prevention, harm reduction, and recovery.

H.R. 2364, the Synthetic Opioid Danger Awareness Act, provides an additional tool to address one piece of the opioid crisis. This bill requires the Department of Health and Human Services to launch a public education campaign on the health risks associated with synthetic opioids and services available to address misuse of these products. Further, HHS would be required to disseminate information regarding synthetic opioids to healthcare providers.

The bill also directs HHS to produce training materials for first responders and other professionals at a higher occupational risk of coming into contact with synthetic opioids. It also requires the agency to conduct outreach about the availability of these materials in order to help those on the front lines be aware of the risks associated with synthetic opioids.

The bill is another step the Energy and Commerce Committee has taken to address the opioid crisis and protect the health and safety of our communities. The committee passed this legislation with unanimous, bipartisan support in July.

I want to thank my New Jersey delegation colleague, Representative KIM, and Representative PAPPAS of New Hampshire for leading this important legislation. I urge my colleagues to support H.R. 2364, the Synthetic Opioid Danger Awareness Act, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 2364, the Synthetic Opioid Danger Awareness Act. Synthetic opioids, including fentanyl and fentanyl-related substances, have been the primary drivers of the rise in overdose deaths that we have seen over the past year and beyond.